

**Wellesley College**

**Non - Union**

**BENEFIT HIGHLIGHTS**

**Discover new  
ways to protect  
what you love**



**Sun Life**

Life's brighter under the sun



# Welcome

## It's time to enroll in your benefits!

We are pleased to offer you coverage made available through Sun Life as part of your employee benefits program. With benefits from Sun Life, you can stay confident knowing that no matter what unexpected events lie ahead, you have made a plan to help protect your future and your finances.

This booklet contains information about the following coverages being offered to you:

- Basic Life Insurance**
- Optional Life Insurance**
- Short-Term Disability Insurance**
- Long-Term Disability Insurance**

These coverages may be available to your spouse and dependent children as well. Please take the time to review the benefits, your choices, and how much coverage costs, and select the ones that best fit your needs.

Enrolling is easy! Simply fill out your enrollment form and return it to your benefits administrator.

If you have questions about the benefits being offered to you, please reach out to your benefits administrator.

### Get to know Sun Life

The coverages offered to you are made available through Sun Life. We are a leading provider of employee benefits in the U.S., and our mission is to help people protect what they love about their lives. You can count on our financial strength and strong global presence. Founded in 1865, Sun Life has operations in 26 countries and serves millions of people around the world.

GVEM-EE-2449

SLPC 24236 1/19 (exp. 1/21)

# Employer-paid Life and Accidental Death and Dismemberment (AD&D)

Wellesley College | All Eligible Non-Union Employees | 224991

## Protect your family

Life insurance provides the people you love with financial support when you can't be there—and when they need it most.

## How it works

Your employer is providing coverage for you, at no cost to you!

### Benefits

<b>For you</b>	<b>One times</b> your basic annual earnings, up to a <b>maximum of \$450,000</b> —with no medical questions asked.  Your coverage ends at termination of employment or retirement.
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## Reasons why you may need life insurance



Provide financial support for others



Pay household expenses



Pay tuition



Leave an inheritance or philanthropic gift



Pay funeral or medical expenses

## Accidental Death and Dismemberment (AD&D)

This coverage includes an equal amount of AD&D insurance that provides a benefit if you suffer a covered accidental injury or die from a covered accident.	<b>Benefits</b> – This is a partial list. Refer to the certificate for the full list of covered accidental injuries.			
	<b>Accidental injury</b>	<b>The plan pays</b>	<b>Accidental injury</b>	<b>The plan pays</b>
	<b>Accidental death</b>	100%	<b>Loss of speech only or hearing only</b>	50%
	<b>Quadriplegia</b>	100%	<b>Loss of limb (arm or leg)</b>	50%
	<b>Loss of sight of one eye</b>	50%	<b>Loss of thumb and index finger on same hand</b>	25%

## Additional considerations

<b>If I become terminally ill</b>	You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is not long-term-care insurance. It will reduce the total amount of the life insurance payment we pay to your beneficiary(ies). Receipt of the Accelerated Benefit may be taxable and may affect your eligibility for public assistance programs.
<b>If I become Totally Disabled</b>	If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.
<b>If I leave my employer</b>	Depending upon state variations and your employer’s plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.
<b>Services</b>	Emergency Travel Assistance and Identity Theft Protection.

## Life and AD&D FAQ

### How is my benefit claim filed and paid?

You or your beneficiary(ies) and your employer will complete the appropriate claims forms and submit these to Sun Life. Our claims examiners review the claim and gather additional information if necessary. We will notify you or your beneficiaries when the decision is made. If your death claim is approved, beneficiaries may

elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

**Read the important plan provisions section for more information including limitations and exclusions.**

# Important plan information

**The following coverage(s) do not constitute comprehensive health insurance (often referred to as "major medical coverage"). They do NOT provide basic hospital, basic medical, or major medical insurance.**

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

## Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

### Life

In some states, your employer's group policy may exclude payment for suicide that occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see your Certificate for details.

### Accidental Death and Dismemberment

We will not pay a benefit that is due to or results from: suicide while sane or insane; injuring oneself intentionally; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; bodily or mental infirmity or disease or infection unless due to an accidental injury; riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

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GVBH-EE-8384

SLPC 29579



# Optional Life insurance

Wellesley College | All Eligible Non-Union Employees | 224991

*This is an open enrollment. For specific details, please contact your employer.*

## Protect your family

The people you love and support could face financial challenges if you were no longer around. Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

## How it works

You have the opportunity to purchase additional life insurance, beyond what your employer has provided for you. Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying all or a portion of the cost. Choose the benefit that best meets your needs and your budget.

### Benefits

<b>For you</b>	You can choose <b>1 times to 4 times</b> your basic annual earnings, <b>not to exceed \$900,000</b> —with no medical questions asked up to the Guaranteed Issue amount of 2 times your basic annual earnings.  Your coverage ends at termination of employment or retirement.
<b>For your spouse</b>	If you elect coverage for yourself, you can choose <b>50%</b> of your coverage not to exceed <b>\$150,000</b> —with no medical questions asked <b>up to the Guaranteed Issue amount of \$15,000</b> .  Spouse rates are based on employee age.  Coverage ends when you turn age 70.



## What does life insurance mean for the Jones family?

Jason and Charlotte just bought their first house and are expecting their first child. They didn't think they could afford life insurance—and they didn't think they needed it because they're young and healthy.

However, Jason's best friend from high school was recently killed in a car accident. Sadly, his wife is selling their home because she can't afford the mortgage on her own.

Jason and Charlotte started to rethink life insurance, and were surprised to find options at work that meet their budget.

*Since most people would have trouble paying living expenses after several months if their primary wage earner died, \* it may be worth asking, who depends on you?*

## Additional considerations

<b>If I become terminally ill</b>	You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is not long-term-care insurance. It will reduce the total amount of the life insurance payment we pay to your beneficiary(ies). Receipt of the Accelerated Benefit may be taxable and may impact your eligibility for public assistance programs.
<b>If I become Totally Disabled</b>	If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.
<b>If I leave my employer</b>	Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.
<b>If I've had a life change</b>	You may be able to adjust your coverage as your needs change (e.g., you get married or have a baby). Certain changes require you to answer health questions. Ask your employer for details.

## Life FAQ

### Do I have to answer health questions to enroll?

You will be required to answer health questions if (1) you do not elect coverage when it's first available to you and you want to elect at a later date; (2) you request an amount higher than the Guaranteed Issue amount noted in the table, if offered; or (3) you want to increase coverage at a later date. You will need to fill out and submit our Evidence of Insurability application which must be approved by Sun Life before the coverage takes effect.

### How is my benefit claim filed and paid?

You or your beneficiary(ies) and your employer will complete the appropriate claims forms and submit these to Sun Life. Our claims examiners review the claim and gather additional information if necessary. We will notify you or your beneficiaries when the decision is made. If your death claim is approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.)

**Read the important plan provisions section for more information including limitations and exclusions.**

\* Facts About Life 2016, LIMRA.com, September 2016, accessed June 2018.

# Important plan information

**The following coverage(s) do not constitute comprehensive health insurance (often referred to as "major medical coverage"). They do NOT provide basic hospital, basic medical, or major medical insurance.**

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

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### **Life**

In some states, your employer's group policy may exclude payment for suicide that occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see your Certificate for details.

### **Accidental Death and Dismemberment**

We will not pay a benefit that is due to or results from: suicide while sane or insane; injuring oneself intentionally; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; bodily or mental infirmity or disease or infection unless due to an accidental injury; riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

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SLPC 29579

# Rate Sheet

Coverage and monthly rates for Optional Life Insurance.

Find your age bracket (as of the effective date of coverage) to determine the associated rate.

Follow the example below to determine your pay period cost.

## Optional Life Rates

Employee		Spouse	
Age	Monthly rate per \$1,000 of coverage*	Age	Monthly rate per \$1,000 of coverage*
Under 19	\$0.055	Under 19	\$0.055
20-24	\$0.055	20-24	\$0.055
25-29	\$0.066	25-29	\$0.066
30-34	\$0.088	30-34	\$0.088
35-39	\$0.099	35-39	\$0.099
40-44	\$0.109	40-44	\$0.109
45-49	\$0.164	45-49	\$0.164
50-54	\$0.252	50-54	\$0.252
55-59	\$0.472	55-59	\$0.472
60-64	\$0.724	60-64	\$0.724
65-69	\$1.800	65-69	\$1.80
99	\$3.435		

\*These are the rates in effect for **01/01/2020**

## Cost to You

You are responsible for paying the cost of Optional Life coverage through payroll deduction. Calculate your cost by dividing your amount of optional life insurance by 1000 and multiplying the result by the appropriate rate above.

Example amount of Insurance	Divided by 1000		Mutliplied by rate	Example cost*
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\$20,000 / 1000 = 20 x \$0.088 = \$1.76

Your volume of insurance	Divided by 1000		Mutliplied by rate	Your monthly cost*
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\$ \_\_\_\_\_ / 1000 = \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Your monthly cost	# of Months	Annual cost	# of pay periods per year (12, 24, 26, 52, etc.)	Your estimated cost per pay period*
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\$ \_\_\_\_\_ x 12 = \$ \_\_\_\_\_ / \_\_\_\_\_ = \$ \_\_\_\_\_

\*Contact your employer to confirm the portion of the cost for which you will be responsible.

# Rate Sheet

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35-39	\$0.099	35-39	\$0.099
40-44	\$0.109	40-44	\$0.109
45-49	\$0.164	45-49	\$0.164
50-54	\$0.252	50-54	\$0.252
55-59	\$0.472	55-59	\$0.472
60-64	\$0.724	60-64	\$0.724
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Your volume of insurance	Divided by 1000		Mutliplied by rate	Your monthly cost*
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Your monthly cost	# of Months	Annual cost	# of pay periods per year (12, 24, 26, 52, etc.)	Your estimated cost per pay period*
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\$ \_\_\_\_\_ x 12 = \$ \_\_\_\_\_ / \_\_\_\_\_ = \$ \_\_\_\_\_

\*Contact your employer to confirm the portion of the cost for which you will be responsible.



# Employer-paid Long-Term Disability Insurance

Wellesley College | All Eligible Non-Union Employees | 224991

## Protect your paycheck for the long-term

An accident or illness can put your life on hold. It may even mean you can't work. How do you pay your bills? Long-term disability replaces part of your income if you can't work due to a covered disability. You can use this money to help you pay everyday expenses, like your mortgage or rent, utilities, childcare and groceries.

## How it works

This coverage is provided by your employer at no cost to you!

### Benefits

<b>Monthly benefit after your claim is approved</b>	You will receive a check for your benefits on a monthly basis. It will cover <b>60%</b> of your Total Monthly Earnings, up to <b>\$15,000</b> each month.
<b>When benefits begin</b>	Benefits begin as soon as <b>180 days</b>
<b>Benefits may be paid for</b>	If your covered disability occurs prior to age 60, benefits will be paid until you reach age 65; if your approved disability occurs after age 60, benefits will be paid for a specified number of years. Ask your employer for details.
<b>Additional plan information</b>	You're covered for disabilities resulting from injury or sickness 24 hours a day, seven days a week. You may receive additional benefits if your covered disability begins with a hospital stay of 14 days or more. A vocational rehabilitation counselor will work with you, when appropriate, to create a return-to-work plan that's right for you.

*More than one in four of today's 20-year-olds will be out of work for 12 months or more for a disabling injury or illness before they reach retirement.\**



## What did Long-Term Disability insurance mean for Mark?

Mark could no longer work at his technology job after he started to have blurry vision due to diabetes.

- Mark filed a claim with Sun Life. We reviewed his medical information and job description and approved his claim.
- His case manager talked with him about his return to work options.
- With the help of Sun Life, his employer purchased technology that helped Mark work part-time.
- He increased his hours until he could work a full schedule. Throughout this period, Mark was able to stay on top of his bills.

## Top 5

### Long-Term Disability diagnoses:

1. Musculoskeletal
2. Circulatory conditions
3. Cancer
4. Nervous system disorders
5. Injury

*Sun Life claims data, July 2018*

## Additional considerations

<b>If I have other income</b>	Income from other sources may reduce your benefit amount. These may include disability benefits from social security, retirement, government plans or state disability income; other group disability plans; no-fault benefits, salary continuance or sick leave, and return-to-work earnings.
<b>If I can work while disabled</b>	Your plan is designed to encourage and support your return to work. If you are able to work part-time for example, you may receive part of your benefit while working.

## Long-term disability FAQs

### What if I have a pre-existing condition?

If you submit a claim within 12 months of your insurance taking effect, or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

### How much insurance do I need?

Visit [www.sunlife.com/calculators](http://www.sunlife.com/calculators) for help understanding how much insurance you may need.

### How do I file a claim after becoming disabled?

Check with your employer to make sure you are eligible for benefits. Then, file a claim with Sun Life. We will ask for information from you about your doctor, your income, and your condition. We will ask for medical records and for your doctor to fill out a form about your condition and your expected recovery. You can download forms from our website.

### How is my benefit taxed?

If you pay for your coverage all post-tax, your benefit will not be taxable income or tax reported by us to the IRS. If you pay for your coverage all pre-tax, or if you pay for part of your coverage post-tax and your employer pays for the rest, or if your employer pays the entire premium, some or all of your benefit amount will be taxable income, which will be tax reported on a Form W-2 and it may have FICA tax deductions that reduce the amount we pay you. Please consult with a tax advisor or your employer if you have any questions.

### How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the definition of disability if you're insured when you become disabled.

## Read the important plan provisions section for more information including limitations and exclusions.

\*Realitycheckup.org, Council for Disability Awareness, 2018, citing Social Security Administration "Disability and Death Tables for Insured Workers Born in 1997," October 2017.

# Important plan information

**The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”). They do NOT provide basic hospital, basic medical, or major medical insurance.**

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

## **Limitations and exclusions**

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

## **Long-Term Disability**

We will not pay a benefit that is caused by, contributed to in any way or resulting from: intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; operation of a motorized vehicle while intoxicated. We will not pay a benefit if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); or for any Period of disability during which you are incarcerated. Disability benefits may be limited for certain conditions.

**This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.**

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# Sun Life Financial

One Sun Life Executive Park, Wellesley Hills, MA 02481



## Group Enrollment Form

Sun Life Assurance Company of Canada  
One Sun Life Executive Park  
Wellesley Hills, MA 02481

Employer use (check one):  New employee  Change  COBRA

### 1. General Information

<b>Employer Name</b> Wellesley College	<b>Account / Policy Number</b> 224991	<b>Location</b>
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### 2. Employee Information

<b>Employee's Full Legal Name (First, M.I., Last)</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b>	
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Occupation</b>	<b>Eligibility Class (if applicable)</b>	<b>Social Security Number</b>	<b>Phone Number</b>	
<b>Date employed:</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Date: _____ Date: _____	<input type="checkbox"/> Return from layoff <input type="checkbox"/> Rehire	Date: _____	
<b>Current Active Employment Type</b> _____ # of hours <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		<b>Earnings \$</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____		

### 3. Dependent Information

Please complete this entire section if you are selecting dependent coverage. No employee can be insured as a dependent when he/she is also insured as an employee for any benefit under the same policy.

If more space is needed, please add additional pages.

Relationship	Full legal name (First, M.I., Last)	Gender	Social Security number	Date of birth	Student Y / N
Spouse					
Children					

### 4. Benefit Elections

You need to complete all sections of the enrollment form including electing or refusing insurance coverage below and sign it. This must be done either during the enrollment period or within 31 days of your eligibility date. Benefits completely paid by your employer ("non-contributory benefits") cannot be refused. Not all of the benefit options listed below will be necessarily available to you. Your employer will tell you which benefits are available and what your Maximum Guaranteed Issue amount is.

Elect <input type="checkbox"/>	Refuse <input type="checkbox"/>	Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Employee Optional Life Insurance \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Spouse Optional Life Insurance \$ _____

**Employer provided benefits**--Your employer pays the premiums for the following benefits if you are eligible for them. Enrollment is automatic; no election is required.

Employee Basic Life

Short-Term Disability (STD)

Long-Term Disability (LTD)

## 5. Beneficiary Designation Information

### Primary Beneficiary Designation

On the lines below, list the individual(s) who should receive proceeds in the event of your death. You may specify as many individuals as you like, but the total proceeds must equal 100%. This is your primary beneficiary. Attach additional pages if necessary. If you do not name a beneficiary or if no beneficiary is alive at the time of your death, proceeds will be payable in accordance with your Group insurance policy. Designation applies to all coverages for which a beneficiary designation is required.

Primary Beneficiary(ies)

Percent share of proceeds\*

1 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	
2 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	

\*Must equal 100%

### Secondary Beneficiary Designation

On the lines below, list the individual(s) who should receive the proceeds ONLY IF ALL of the individuals listed above are not living at the time of your death. This is your secondary (or contingent) beneficiary. The Secondary beneficiary is not paid if a primary beneficiary is alive at the time of your death. Attach additional pages if necessary.

Secondary Beneficiary(ies)

Percent share of proceeds\*

1 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	
2 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	

\*Must equal 100%

## 6. Signature and authorization information

I understand that:

- I am requesting coverage under a Group Insurance policy offered by my employer. This coverage will end when my employment terminates, subject to any portability or continuation provisions available under the Group Insurance policy.
- My employer will deduct all or part of the premium for contributory coverage from my pay.
- If applying for coverage more than 31 days past my eligibility date, Evidence of Insurability (EOI) may be required.
- For Life, Short-Term Disability, and Long-Term Disability insurance, Evidence of Insurability may be required for amounts over my Guarantee Issue for this enrollment.
- Increases to current Life benefits may require Evidence of Insurability.
- If I decline coverage for myself or, if applicable, for my family now and want it at a later date, I/we will have to submit an Evidence of Insurability application, if required for the elected coverage(s), to be approved by Sun Life Assurance Company of Canada (Wellesley, MA).
- Coverages include limitations, exclusions and a pre-existing conditions provision that may affect my entitlement to benefits.
- If I am not actively at work due to injury, illness, layoff or leave of absence on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date I return to work.
- When required by the coverage, if my spouse or any of my dependent children are confined due to an injury or illness, as required by the coverage, on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date they are no longer confined and are able to perform their normal activities.

By signing below, I am representing that the information I have provided is true and correct to the best of my knowledge and belief.

X

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Today's Date

**To the Employee:** Make a copy of this form for your records before submitting it to your employer.

**To the Employer:** This original enrollment form should remain at the employer's site. Family status, coverage, or beneficiary changes should be recorded on another copy of the Enrollment Form.

Agent, Broker, and/or Enroller information:

Agent name
Agent / Broker name
Enroller name

### Contact us



#### By mail

Sun Life Financial  
One Sun Life Executive Park  
Wellesley Hills, MA 02481



[www.sunlife.com/us](http://www.sunlife.com/us)



Customer Service **800-247-6875** M-F 8:00 a.m.-8:00 p.m., ET



# Notes

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▶ **TALK TO YOUR BENEFITS ADMINISTRATOR  
TODAY TO LEARN MORE ABOUT YOUR CHOICES.**



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The Sun Life group of companies operates under the "Sun Life" name strictly as a marketing name, and no legal significance is expressed or implied. In the United States and elsewhere, insurance products are offered by members of the Sun Life group that are insurance companies. Sun Life Financial, Inc., the publicly traded holding company for the Sun Life group of companies, is not an insurance company and does not guarantee the obligations of these insurance companies. Each insurance company relies on its own financial strength and claims-paying ability.

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